

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JL</i>		2/22/00
O.I.P.E. CLASSIFIER	<i>MT</i>		3-3-00
FORMALITY REVIEW		69055	4-5-00
RESPONSE FORMALITY REVIEW		69055	6-15-00

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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